

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Los Angeles County			
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nancy Herrera			
Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 168 & 99

Event Description: LA Philharmonic    Date(s) 10 / 17 / 21  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	4	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

	Nancy Herrera	Ticket Administrator	12/8/2021
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: 2-Orchestra & 2-Terrace

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Nancy Herrera			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
(213) 974-4444	nherrera@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 168

Event Description: LA Philharmonic    Date(s) 10 / 23 / 21

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Walt Disney Concert Hall

Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: \_\_\_\_\_

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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 168

Event Description: LA Philharmonic    Date(s) 10 / 30 / 21    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Walt Disney Concert Hall

*Name of Source*

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 Signature of Agency Head or Designee	Nancy Herrera Print Name	Ticket Administrator Title	12/8/2021 <small><i>(month, day, year)</i></small>
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Comment: \_\_\_\_\_

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Event Description: LA Philharmonic Date(s) 10 / 31 / 21  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Walt Disney Concert Hall  
Name of Source

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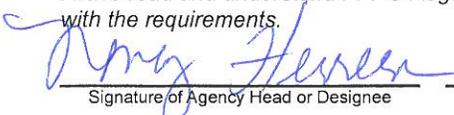
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 \_\_\_\_\_ Nancy Herrera \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 12/8/2021  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_